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## Application or Docket Number:

Substitute for Form PTD-875

09560215

**CLAIMS AS FILED - PART I**

(Column 1)

**(Case 2)**

## SMALL ENTITY

**OR**

**OTHER THAN  
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE (7 CFR 1.18(a))				\$ _____	OR		\$ _____
TOTAL CLAIMS (7 CFR 1.18(c))	column 20 =	*	x \$ _____ =		OR	x \$ _____ =	
INDEPENDENT CLAIMS (7 CFR 1.18(d))	column 3 =	*	x \$ _____ =		OR	x \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (7 CFR 1.18(f))			+ \$ _____ =		OR	+ \$ _____ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

\* If the difference in column 1 is less than zero, enter "U" in column 2.

**CLAIMS AS AMENDED - PART II**

(Column 1)

**[Column 2]**

(Column 3)

### SMALL ENTITY

**OF**

**OTHER THAN  
SMALL ENTITY**

AMENDMENT A.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		SMALL ENTITY	
	Total (21 CFR 1.141)(2)	Minus	67	.	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Independent (21 CFR 1.141)(3)	Minus	8	.	X \$		X \$	
					X \$		X \$	
					+		+	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (21 CFR 1.141)(3)					TOTAL ADOT. FEE		TOTAL ADOT. FEE	

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) OFR 1.103**

(Column 1)

(Colomon 2)

(Coluna 3)

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AMENDMENT B	7/13/86	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (OF C/F LINES)	61	Minus	67	-				
	Independent (OF C/F LINES)	8	Minus	8	-				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (OF C/F 1,14)(C)								

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$		OR	X \$	
X \$		OR	X \$	
0 \$		OR	0 \$	
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.104)

(Column 1)

(Column 2)

(Column 3)

- AMENDMENT C	2/1/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total of (C) (4)(a)	66	Minus	67					
	Independent of (C) (4)(a)(2)	7	Minus	8					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.162)								
	TOTAL ADD'L FEE								

RATE	ADDITIONAL FEE
X \$	
X \$	
+ \$	
TOTAL ADD'L FEE	

OR

RATE	ADDITIONAL FEE
X \$	
X \$	
+ \$	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Communications for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**If you need assistance in completing the form, call 1-800-PTD-9189 and select option 2.**

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

09/560217

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3=	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	7/18/07		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total	*	66	Minus
	Independent	*	7	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B			CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C			CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
				PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	150.00	OR	BASIC FEE	300.00
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL		OR	TOTAL	

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	